

“Chief” Bender Summer Golf Camp Scholarship Application

Applicant's Name _____

Email _____

Address: _____

City _____ State _____ Zip _____

Phone H () _____ Cell () _____ Birth Date _____

School _____ Grade _____ Age _____

Mother, Stepmother, or Female Guardian:

Name _____

Address (if different than the applicant's)

City _____ State _____ Zip _____

Father, Stepfather, or Male Guardian:

Name _____

Address (if different than the applicant's)

City _____ State _____ Zip _____

Circle all that apply to the parents, step-parents or guardian completing this form:

Parent Separated or Divorced

Father Disabled

Father Deceased

Single Parent

Mother Disabled

Mother Deceased

Household Size: _____ Weekly Household Income: \$ _____

There is certain funding available for scholarships. This information will be kept strictly confidential. You will be notified in advance of the camp as to scholarship awards.

“CHIEF” BENDER SUMMER GOLF CAMP



JUNE 5 THRU JULY 24TH
LAFAYETTE GOLF COURSE

Mission Statement:

"To give all interested children of the Greater Lafayette community the ability to learn the game of golf, and experience the lifelong values that it provides."

Purpose: Any Boy or Girl ages 8-14 that is interested in learning how to play golf. This program is for beginners or players with minimal experience.

Age Cut-offs: Participants age of 8 – 14 is determined by their age as of June 1, 2011

Dates: 8 Sundays June 5th thru July 24th

Times: 5pm to 7pm

Location: Lafayette Golf Course
800 Golf view Dr, Lafayette, 47904
765-807-1130

Cost: \$20.00 for the program. This will include a T-shirt, Instruction from experienced volunteers with short game, full swings, course etiquette, supervised play on the golf course, and a small tournament on the last day, July 24th.

Equipment: For participants that do not have golf equipment, we will have clubs for use. Regular athletic shoes without spikes are proper footwear

Deadline: All registrations must be received by May 28th, 2011.
Camp Space is limited and Registrations will be accepted in the order they are received.

REGISTRATION

Name: _____ Boy Girl

Age: (as of June 1, 2011) _____ E-mail _____

Address: _____

Parent/Guardian _____

Phone H _____ Cell _____

Shirt Size: (circle one) (Youth) S M L (Adult) S M L XL

Golf Clubs: Do you have your own? Y/ N _____

Golf Experience: Have you ever played Y/N _____

Please make \$20.00 checks payable to CIJGA (Central Indiana Junior Golf Association) and mail or drop registration off form at the Lafayette Golf Course, 800 Golfview Dr, Lafayette, In 47904.

I, _____, the parent/legal guardian of _____, consent to my child's participation in the Lafayette Golf Course's Jr. Clinic. In an emergency I can be reached at the numbers specified. In the event that I cannot be reached, I authorize Lafayette Golf Course staff to authorize or refuse necessary emergency treatment for my child.

I further agree to indemnify, protect and hold harmless the Parks Department, its officers, agents, servants, or employees without charge to supervise or chaperone the children who participate in this activity from any claim or liability whatsoever, including, but not limited to personal injury, property damage, court costs, attorney's fees and interest, however caused as a result of my child's participation.

I further agree that the Parks Department, its officers, board members, agents, servants, or employees reserve the right to terminate the participation of my child in the program for failure to behave and act in accordance with the Parks Department regulations on conduct, or for failure to follow instructions and directions of supervisors or chaperones or for any acts of conduct deemed by the agents of the Parks Department to be detrimental to or incompatible with the interest, harmony, comfort, or welfare of the program. If the participation is terminated, no participation fees will be refunded.

Parent/Guardian Signature _____ Date _____